

STD/HIV Disease Intervention Specialist (DIS) Workforce Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- The purpose of this data collection is to collect information to enumerate the number of STD/HIV DIS and DIS supervisor positions within the U.S. public health workforce and to assess STD/HIV DIS workload and capacity and how often DIS are utilized outside of health department STD/HIV programs.
- The intended use of this data is to help develop three potential certification models for STD/HIV DIS. Specifically, it will help to develop and assess potential certification models as the information has implications for cost, implementation, and sustainability of a DIS certification program. The information is critical to understanding the size of the workforce for which this certification program is being developed, and for ensuring that the certification program meets the needs of DIS, health departments, and other partners and stakeholders.
- The method that will be used for data collection is a web instrument, allowing respondents to complete and submit their responses electronically.
- The subpopulation to be studied are STD/HIV program managers in state, territorial, and local health departments. These STD/HIV program managers will be responsible for responding to the information collection request and are best suited to provide the information being collected, as they are directly involved in STD/HIV DIS staffing and oversight.
- Data analysis will be conducted by SAS using descriptive statistics (bivariate analyses).

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. The respondent universe will include sexually transmitted disease/human immunodeficiency virus (STD/HIV) program managers from all 50 state health departments, eight territorial health departments, the District of Columbia (DC) Department of Health, and up to 440 local health departments, for a total of no more than 499 respondents (**see Attachment A—State, Territorial, and Local Health Departments**). All respondents will be acting in their official capacities, which includes oversight of STD/HIV program staffing and work assignments. As such, STD/HIV program managers are best suited to provide information on STD/HIV Disease Intervention Specialists (DIS).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of:

- 1. Monitoring health status to identify community health problems
- 2. Diagnosing and investigating health problems and health hazards in the community
- 3. Informing, educating, and empowering people about health issues
- 4. Mobilizing community partnerships to identify and solve health problems
- 5. Development of policies and plans that support individual and community health efforts
- 6. Enforcement of laws and regulations that protect health and ensure safety
- 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assuring a competent public health and personal health care workforce
- 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems¹

STD/HIV DIS are a vital component of the U.S. public health workforce within state, territorial, and local health departments.² STD/HIV DIS work in communities across the United States and its territories to protect the public's health. DIS conduct disease investigation and intervention activities to prevent and control the spread of communicable diseases (e.g., finding individuals who may have been exposed to a particular disease or infection; linking individuals with a communicable disease or potential exposure to needed care and treatment; assuring adherence and appropriate follow-up related to care and treatment). Originally established to work in the STD field, DIS have ground-level investigative skills that have become key components of other public health services and programs, including HIV partner services and linkage to care, tuberculosis outbreak response, other communicable disease prevention and control efforts, and public health emergency responses. As the public health and healthcare landscapes transform and evolve, DIS are needed even more as patient navigators and network builders to ensure linkage to care and treatment. DIS have the training, skills, and relationships with clients, patients, and providers to effectively and efficiently make these linkages to care, which benefit both individual and population health outcomes.²

To support this critical component of the public health workforce, the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP) is developing a national certification program for DIS. The primary aims of a DIS certification program are to assure a competent DIS workforce, achieve greater recognition of the DIS workforce, establish national competencies and standards, and ensure commensurate training and professional development. Certification is intended to enhance the DIS profession and improve public health prevention outcomes and health departments' readiness and capacity to address STDs and HIV, as well as other communicable disease outbreaks and public health emergencies. CDC/DSTDP is working with the National Association of County and City Health Officials (NACCHO), the National Coalition of STD Directors (NCSO), and the Public Health Accreditation Board (PHAB) to develop the certification program.

In 2012, as a first step toward developing the certification program, CDC/DSTDP funded NACCHO to conduct a feasibility assessment and develop a draft business plan for implementing a DIS certification program. The results of this work indicated overwhelming support for certification from practicing DIS, their supervisors, and state and local public health leadership. The feasibility assessment produced recommendations for pursuit of the development of a certification program.³ Based on these recommendations, CDC/DSTDP is now working with NACCHO (#OT 13-1302), NCSO (#PS 13-1309), and

PHAB (#OT 13-1301) to further explore DIS certification and implement recommendations from the feasibility assessment. One of the key next steps is developing potential DIS certification models and then determining which model to move forward with. To fully evaluate potential DIS certification models and determine their cost, information such as the number of DIS and an estimate of DIS turnover and hiring is essential. Without this information, it would not be possible to select and implement a final DIS certification model.

Therefore, the purpose of this information collection request is to collect information that is necessary for the development and final assessment of potential certification models. This activity will collect information to enumerate the number of STD/HIV DIS and DIS supervisor positions within the U.S. public health workforce and to assess STD/HIV DIS workload and capacity and how often DIS are utilized outside of health department STD/HIV programs. This information is critical to understanding the size of the workforce for which this certification program is being developed, and for ensuring that the certification program meets the needs of DIS, health departments, and CDC/DSTDP. Additionally, this information is relevant to developing and assessing potential certification models because it has implications for cost, implementation, and sustainability of a certification program. CDC/DSTDP has partnered with NACCHO for this information collection request. NACCHO maintains lists and contact information for all local health departments and will lead the data collection effort. As another partner on the DIS certification project, NCSH will provide contact information for the state and territorial health departments to be included in the information collection.

Overview of the Information Collection System

Data will be collected via a web instrument, allowing respondents to complete and submit their responses electronically (**see Attachment B—Instrument: Word Version and Attachment C—Instrument: Web version**). The web instrument will be developed using Qualtrics software and will be distributed to respondents through the Qualtrics software.

The information collection instrument was pilot tested by seven public health professionals. Feedback from this group was used to refine questions, ensure accurate programming and skip patterns, and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The web data collection instrument consists of 21 questions. There are skip patterns and display logic based on certain question responses, so not all respondents will answer 21 questions; however, 21 represents the maximum number of questions that a respondent will need to address. The data collection instrument includes various question types, such as dichotomous (yes/no), multiple response, and open-ended. Efforts were made to simplify questions and limit the number of questions requiring narrative responses.

To support the purposes, the instrument will collect information on the following:

- Whether the health department STD program is combined or integrated with other communicable disease program areas
- Total number of STD/HIV DIS and DIS supervisor positions
- Number of STD/HIV DIS positions that are currently filled

- Average number of STD/HIV DIS positions that are hired per year
- Average turnover rate for STD/HIV DIS
- Average tenure of STD/HIV DIS when they vacate their position
- Approximate distribution of DIS workload across communicable disease program areas
- Utilization of STD/HIV DIS to respond to public health emergencies
- Sufficiency of the size of the STD/HIV DIS workforce to meet STD/HIV program requirements for partner/outreach services and linkage to care

2. Purpose and Use of the Information Collection

Information collected will inform the development of potential DIS certification models. The information collection will identify the number of STD/HIV DIS and DIS supervisor positions within the U.S. public health workforce. Additionally, the information collection aims to assess STD/HIV DIS workload and capacity and how often DIS are utilized outside of health department STD/HIV programs.

The results of this information collection will be used to support the development of three potential certification models for STD/HIV DIS. The information will be utilized to inform the implementation of the DIS model and consider sustainability as well as cost projections. From the three certification models to be developed, it is expected that one will be selected and work will begin on establishing a national certification for STD/HIV DIS.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web instrument, which will allow respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The information collection instrument was designed to collect the minimum information necessary for the purposes of this activity (i.e., limited to 21 questions).

4. Efforts to Identify Duplication and Use of Similar Information

Efforts were made to identify duplication and use of similar information. Efforts included searches for published literature and programmatic reports, and discussion with leading public health officials at the federal, state, national, and local levels who serve on the national advisory committee for the development of the DIS certification program. We identified one previous effort by NCS⁴ (National Coalition of STD Directors) that focused on creating a registry of DIS; however, that effort included a much broader definition of DIS than ours and we were not able to use it for our purposes. The information being collected through this activity has not been comprehensively or systematically collected via another activity.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time information collection. There are no legal obstacles to reduce the burden. If no data are collected:

- It will not be possible to develop potential national certification program models that are realistic given the size, workload, and capacity of the STD/HIV DIS workforce (to be assessed through this activity).
- The CDC and its partners in the effort to develop a national certification program for DIS will not be able to accurately assess the feasibility and sustainability of various models for certification, and select the most appropriate model for the STD/HIV DIS workforce.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 31, 2013, Vol. 78, No. 211; pp. 653 25-26. No comments were received.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply to this information collection. STLT governmental staff and/or delegates will be speaking from their official roles. CDC will not receive any individually identifiable information (IIF). Although NACCHO will collect some IIF that will be used to update their distribution lists for future assessments conducted by NACCHO, this information will not be publicly disseminated nor will it be sent to CDC. NACCHO will remove all IIF and use a confidential identification number in the dataset sent to CDC.

This information collection is not research involving human subjects.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the information collection instrument by seven public health professionals. In the pilot test, the average time to complete the instrument, including time for reviewing instructions, gathering needed information, and completing the instrument, was approximately 20 minutes. The range was 5 to 40 minutes. This includes the time to review the instructions, gather the information being requested, and complete the web instrument. For the purposes of estimating burden hours, the average was used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for medical and health services managers http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$57.11 is estimated for all 499 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Information collection Instrument : Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
DIS Enumeration Data Collection Instrument	STD/HIV program managers at state and DC HDs	51	1	20/60	17.00	\$50.99	\$867
DIS Enumeration Data Collection Instrument	STD/HIV program managers at territorial HDs	8	1	20/60	3	\$50.99	\$153
DIS Enumeration Data Collection Instrument	STD/HIV program managers at local HDs	440	1	20/60	147	\$50.99	\$7496
	TOTALS	499			167		\$8516

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of the assessment tool, data collection, and data analysis. The only cost to the federal government will be the salary of CDC staff and the cost of the cooperative agreement with NACCHO. The total estimated cost to the federal government is \$[27,050]. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Health scientist (GS-14) CDC/DSTDP lead on project	75	\$62.55	\$4691
Public Health Advisor (GS-13)	25	\$54.33	\$1358
Cooperative Agreement with NACCHO			\$21,000
Estimated Total Cost of Information Collection			\$27,049

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be tabulated and documented in a report. The report, which will include data tables, will be shared with PHAB, who is funded by CDC/DSTDP to develop the potential certification models. Results will also be written up for publication in a peer-reviewed journal article and may also be presented at the STD Prevention Conference, which is the leading national conference for STDs and attendees include health department staff.

Project Time Schedule

- ✓ Design data collection instrument(COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan (COMPLETE)
- ✓ Pilot test data collection instrument (COMPLETE)
- ✓ Prepare OMB package (COMPLETE)
- ✓ Submit OMB package (COMPLETE)
- ☐ OMB approval(TBD)
- ☐ Conduct assessment(4 weeks)
- ☐ Code, quality control, and analyze data.....(2 weeks)
- ☐ Prepare reports (2-8 weeks)
- ☐ Disseminate results/reports(10 weeks)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

- A. State, Territorial, and Local Health Departments
- B. Instrument: Word Version
- C. Instrument: Web Version

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed on 8/14/14.
2. Mermin, J.H. & Bolan, G. (2015). "Strengthening Public Health at Its Core: A Focus on Disease Intervention Specialists." Available at http://eweb.naccho.org/eweb/DynamicPage.aspx?WebCode=proddetailadd&ivd_qty=1&ivd_prc_prd_key=d5927cc6-3715-477d-acbe-24ade4d2483e&Action=Add&site=naccho&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail.
3. International Credentialing Associates (2013). "Disease Intervention Specialists (DIS) Feasibility Assessment Final Report," produced under contract with the National Association of County and City Health Officials.
4. Kelly Mayor, National Coalition of STD Directors. Personal communication, October 5, 2015.